

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 15,722,170.30

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$15,722,170.30**

Net Claim / Payment Amount **\$15,722,170.30**

YTD Amount: **\$15,722,170.30**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	400,815.89
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$400,815.89
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Net Claim / Payment Amount	\$400,815.89
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YTD Amount:	\$400,815.89
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	721,489.70
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$721,489.70
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Net Claim / Payment Amount	\$721,489.70
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YTD Amount:	\$721,489.70
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,332,137.50
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$1,332,137.50
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Net Claim / Payment Amount	\$1,332,137.50
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YTD Amount:	\$1,332,137.50
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,571,507.58
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$2,571,507.58
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Net Claim / Payment Amount	\$2,571,507.58
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YTD Amount:	\$2,571,507.58
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	780,134.00
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$780,134.00
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Net Claim / Payment Amount	\$780,134.00
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YTD Amount:	\$780,134.00
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For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	649,640.00
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$649,640.00
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Net Claim / Payment Amount	\$649,640.00
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YTD Amount:	\$649,640.00
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For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 9,987,214.64

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim \$9,987,214.64

Net Claim / Payment Amount \$9,987,214.64

YTD Amount: \$9,987,214.64

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 683,807.06

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$683,807.06**

Net Claim / Payment Amount **\$683,807.06**

YTD Amount: **\$683,807.06**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,787,225.19
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$1,787,225.19
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Net Claim / Payment Amount	\$1,787,225.19
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YTD Amount:	\$1,787,225.19
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 10,814,048.75

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$10,814,048.75**

Net Claim / Payment Amount **\$10,814,048.75**

YTD Amount: **\$10,814,048.75**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	687,502.81
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$687,502.81
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Net Claim / Payment Amount	\$687,502.81
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YTD Amount:	\$687,502.81
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,586,006.46
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$1,586,006.46
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Net Claim / Payment Amount	\$1,586,006.46
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YTD Amount:	\$1,586,006.46
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,184,978.13

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$2,184,978.13**

Net Claim / Payment Amount **\$2,184,978.13**

YTD Amount: **\$2,184,978.13**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	463,700.87
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$463,700.87
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Net Claim / Payment Amount	\$463,700.87
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YTD Amount:	\$463,700.87
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,836,043.44
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$1,836,043.44
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Net Claim / Payment Amount	\$1,836,043.44
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YTD Amount:	\$1,836,043.44
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	909,639.25
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$909,639.25
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Net Claim / Payment Amount	\$909,639.25
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YTD Amount:	\$909,639.25
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 684,888.10

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$684,888.10**

Net Claim / Payment Amount **\$684,888.10**

YTD Amount: **\$684,888.10**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	125,536,804.35
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$125,536,804.35
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Net Claim / Payment Amount	\$125,536,804.35
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YTD Amount:	\$125,536,804.35
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,922,996.96

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$1,922,996.96**

Net Claim / Payment Amount **\$1,922,996.96**

YTD Amount: **\$1,922,996.96**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,491,268.82
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$2,491,268.82
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Net Claim / Payment Amount	\$2,491,268.82
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YTD Amount:	\$2,491,268.82
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 467,260.39

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$467,260.39**

Net Claim / Payment Amount **\$467,260.39**

YTD Amount: **\$467,260.39**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,106,665.65

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$1,106,665.65**

Net Claim / Payment Amount **\$1,106,665.65**

YTD Amount: **\$1,106,665.65**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,235,614.19

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$3,235,614.19**

Net Claim / Payment Amount **\$3,235,614.19**

YTD Amount: **\$3,235,614.19**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 435,751.99

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$435,751.99**

Net Claim / Payment Amount **\$435,751.99**

YTD Amount: **\$435,751.99**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 454,459.28

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$454,459.28**

Net Claim / Payment Amount **\$454,459.28**

YTD Amount: **\$454,459.28**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,153,561.90

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$5,153,561.90**

Net Claim / Payment Amount **\$5,153,561.90**

YTD Amount: **\$5,153,561.90**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,480,525.82
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$1,480,525.82
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Net Claim / Payment Amount	\$1,480,525.82
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YTD Amount:	\$1,480,525.82
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,211,781.55
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$1,211,781.55
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Net Claim / Payment Amount	\$1,211,781.55
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YTD Amount:	\$1,211,781.55
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	35,723,282.85
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$35,723,282.85
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Net Claim / Payment Amount	\$35,723,282.85
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YTD Amount:	\$35,723,282.85
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,000,584.36

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$3,000,584.36**

Net Claim / Payment Amount **\$3,000,584.36**

YTD Amount: **\$3,000,584.36**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 629,486.92

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$629,486.92**

Net Claim / Payment Amount **\$629,486.92**

YTD Amount: **\$629,486.92**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 22,913,218.49

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$22,913,218.49**

Net Claim / Payment Amount **\$22,913,218.49**

YTD Amount: **\$22,913,218.49**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 14,122,866.15

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$14,122,866.15**

Net Claim / Payment Amount **\$14,122,866.15**

YTD Amount: **\$14,122,866.15**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 878,491.20

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$878,491.20**

Net Claim / Payment Amount **\$878,491.20**

YTD Amount: **\$878,491.20**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	23,191,564.69
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$23,191,564.69
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Net Claim / Payment Amount	\$23,191,564.69
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YTD Amount:	\$23,191,564.69
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	36,016,280.24
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$36,016,280.24
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Net Claim / Payment Amount	\$36,016,280.24
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YTD Amount:	\$36,016,280.24
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	8,159,239.46
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$8,159,239.46
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Net Claim / Payment Amount	\$8,159,239.46
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YTD Amount:	\$8,159,239.46
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 7,423,551.20

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$7,423,551.20**

Net Claim / Payment Amount **\$7,423,551.20**

YTD Amount: **\$7,423,551.20**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,994,366.17
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$2,994,366.17
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Net Claim / Payment Amount	\$2,994,366.17
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YTD Amount:	\$2,994,366.17
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 7,170,631.45

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$7,170,631.45**

Net Claim / Payment Amount **\$7,170,631.45**

YTD Amount: **\$7,170,631.45**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,104,154.79

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$5,104,154.79**

Net Claim / Payment Amount **\$5,104,154.79**

YTD Amount: **\$5,104,154.79**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	20,199,813.24
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$20,199,813.24
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Net Claim / Payment Amount	\$20,199,813.24
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YTD Amount:	\$20,199,813.24
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,243,862.63

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$3,243,862.63**

Net Claim / Payment Amount **\$3,243,862.63**

YTD Amount: **\$3,243,862.63**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,133,364.99
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$2,133,364.99
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Net Claim / Payment Amount	\$2,133,364.99
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YTD Amount:	\$2,133,364.99
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	409,473.01
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$409,473.01
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Net Claim / Payment Amount	\$409,473.01
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YTD Amount:	\$409,473.01
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	761,110.31
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$761,110.31
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Net Claim / Payment Amount	\$761,110.31
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YTD Amount:	\$761,110.31
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SOLANO COUNTY T TC

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,448,116.44

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$4,448,116.44**

Net Claim / Payment Amount **\$4,448,116.44**

YTD Amount: **\$4,448,116.44**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	4,997,913.91
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$4,997,913.91
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Net Claim / Payment Amount	\$4,997,913.91
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YTD Amount:	\$4,997,913.91
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	5,664,815.41
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$5,664,815.41
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Net Claim / Payment Amount	\$5,664,815.41
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YTD Amount:	\$5,664,815.41
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,100,819.49
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$2,100,819.49
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Net Claim / Payment Amount	\$2,100,819.49
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YTD Amount:	\$2,100,819.49
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 881,734.32

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$881,734.32**

Net Claim / Payment Amount **\$881,734.32**

YTD Amount: **\$881,734.32**

For assistance, please call: John Bodolay at (916) 323-2154

8/13/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,449,890.42
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$2,449,890.42
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Net Claim / Payment Amount	\$2,449,890.42
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YTD Amount:	\$2,449,890.42
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For assistance, please call: John Bodolay at (916) 323-2154

8/13/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 452,745.43

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$452,745.43**

Net Claim / Payment Amount **\$452,745.43**

YTD Amount: **\$452,745.43**

For assistance, please call: John Bodolay at (916) 323-2154

8/13/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA

CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	5,363,569.59
Mental Health Service apportionment amount total verification for current period	439,447,744.75

Gross Claim	\$5,363,569.59
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Net Claim / Payment Amount	\$5,363,569.59
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YTD Amount:	\$5,363,569.59
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 842,610.29

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$842,610.29**

Net Claim / Payment Amount **\$842,610.29**

YTD Amount: **\$842,610.29**

For assistance, please call: John Bodolay at (916) 323-2154

8/13/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 **To** 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 9,149,745.89

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$9,149,745.89**

Net Claim / Payment Amount **\$9,149,745.89**

YTD Amount: **\$9,149,745.89**

For assistance, please call: John Bodolay at (916) 323-2154

8/13/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400010A

PAYMENT ISSUE DATE: 08/15/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 07/01/2014 To 07/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,387,822.82

Mental Health Service apportionment amount total verification for current period 439,447,744.75

Gross Claim **\$2,387,822.82**

Net Claim / Payment Amount **\$2,387,822.82**

YTD Amount: **\$2,387,822.82**

For assistance, please call: John Bodolay at (916) 323-2154

8/13/2014

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